

806 KAR 13:140. Notice of right to seek review of application of workers' compensation insurance rates.

RELATES TO: KRS 304.13-057, 304.13-161, 304.13-415, Chapter 342 et seq.

STATUTORY AUTHORITY: KRS 304.13-161

NECESSITY, FUNCTION, AND CONFORMITY: KRS 304.2-110 provides that the Commissioner of Insurance may make reasonable administrative regulations necessary for or as an aid to the effectuation of any provision of the Kentucky Insurance Code. KRS 304.13-161 provides that each insurer or agent shall notify in writing each insured at the time a workers' compensation policy is issued or renewed, on or after May 1, 1997, of the insured's right to seek a review of the manner in which the rating system was applied. KRS 304.13-161 requires the commissioner to promulgate an administrative regulation setting forth the manner and format of the written notice. This administrative regulation prescribes the manner and format of this notice.

Section 1. With every workers' compensation insurance policy issued or renewed on or after May 1, 1997, insurers or agents shall include the following written "Notice of Insured's Rights" at the time the policy is issued or renewed. If the policy is a new policy, the notice shall be provided with the policy. If a policy is renewed, the notice shall be provided at the time of renewal.

Section 2. The notice shall clearly state in substance:

NOTICE OF INSURED'S RIGHTS

If you are insured under a workers' compensation insurance policy and believe that the rates or the rating system have been incorrectly or improperly applied, you may request a review of the manner in which the rate or rating system has been applied. You must make your request in writing to the insurance company or advisory organization. The insurance company or advisory organization has thirty (30) days to grant or reject your request for a review and to notify you in writing whether your request has been granted or rejected. If your request is granted, the insurance company or advisory organization shall conduct the review within ninety (90) days of receiving your request. If your request is rejected or if you are dissatisfied with the results of the review, you may appeal to the commissioner for further review. You must make your appeal within thirty (30) days of receipt of the rejection or of the results of the review. Your appeal is to be sent to:

Legal Division
Department of Insurance
P.O. Box 517
Frankfort, KY 40602

Your request for an appeal should include a statement of the facts and how the rates or rating system were incorrectly or improperly applied. Also, enclose copies of the results of the review and any other correspondence from the insurance company or advisory organization. If your appeal shows good cause, the commissioner shall hold a hearing. The commissioner may after the hearing issue a final order affirming, modifying, or reversing the action of the insurance company or advisory organization. (24 Ky.R. 432; Am. 896; eff. 10-13-97; TAm eff. 8-9-2007; Crt eff. 2-26-2020; TAm eff. 3-10-2020.)